



**Postal address** (Post collected from post box, suite or private bag)

PO Box       Private bag      Box number   
 Suite       Postnet suite      Number   
 Suburb       Post code

If your post is delivered to your street address, please complete these details under physical address.

**Physical address**

Unit/Suite number       Complex name   
 Street number       Street name   
 Suburb   
 City       Post code

**3. Employer information**

This section must be completed by Liberty Group Payroll Administrator

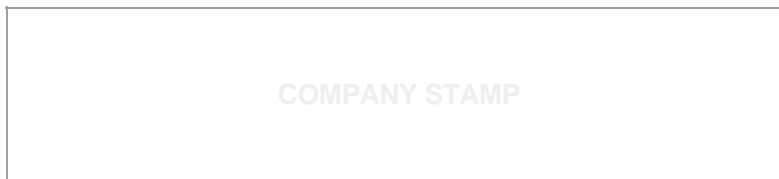
Name of employer   
 Employer telephone number       Employer fax number   
 Employer e-mail address   
 Pay point code       Dependants subsidised    Yes  No   
 Employee number       Number of dependants   
 Date of joining the Scheme       Date of employment

Monthly contributions breakdown at date of application

Member's share of contribution	Employer's share of contribution	Total monthly contribution	Member's pensionable salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Payroll Administrator details**

Name   
 Surname   
 Designation       Date



**Employer declaration**

I confirm that the applicant detailed in Section 1 is an employee of the Company and is eligible to be registered as a member of Libcare, in compliance with the employment contract and the registered Rules of the Libcare Medical Scheme. I declare that all documentation attached has been checked for correctness and is in order.

Company Representative's full name   
 Company Representative's signature       Date

**4. Bank details for refund of claims and savings payments**

Banking details are required in order to reimburse you for any monies owed to you as a result of claims or savings refunds

Bank account owner (Mark with an X)      Principal Member  Third party   
 Bank name   
 Branch name

Account type      Cheque     Transmission     Savings     Other

Full name of account holder

Account number

**Please note:** If the above bank account is not yours, please insert the third party's ID number.

Third party's ID number

For third party account holder: Submit the following with this form: A copy of the third party's ID and a bank statement/letter of confirmation (not older than **three months**) from the bank.

Signature of bank account holder

Date

Signature of Principal Member

Date

**Please only sign if information is true, complete and correct.**

### 5. Debit Order details - instruction for monthly contribution

These details apply if your contributions will be paid partly or in full via debit order. Please note that we cannot accept credit card details. You may only use a South African bank account.

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

Bank account owner (Mark with an X)      Principal Member     Third party

Bank name

Branch name       Branch code  -  -

Account type      Cheque     Transmission     Savings     Other

Account number

Full name of account holder

Signature of bank account holder

Date

Signature of Principal Member

Date

Unit/Suite number       Complex name

Street number       Street name

Suburb

City       Post code

Contact number of the account holder

Email address of the account holder

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit [www.libcare.co.za](http://www.libcare.co.za).

**Please note:** If your contributions will be paid partly or in full via debit order and the bank account stated above is not in your name but in the name of a third-party, please provide the following information in respect of the third-party, as per requirements from the South African Revenue Services (SARS). Please submit the third party's ID copy with this form.

Nature of Person (Individual or Company)

Title       Initials

Date

Surname

First name(s)

ID Number



**In addition to the above terms, the Principal member must agree to the following:**

1. I confirm that I have the right to give the Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise the Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a contribution collection date I authorise that the Scheme may deduct a double debit of my contributions the following month.

I,  (Full name(s) and surname according to your identity document), as the Principal Member, give the Scheme and its subsidiaries in their relevant capacities permission to change my banking details.

Signed at (town or city)  on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Principal Member

## 8. Libcare Medical Scheme Privacy Statement 2025

### Our Privacy Statement – How we will process and disclose your personal information and communicate with you

#### Definitions

**The Scheme** refers to Libcare Medical Scheme, registration number 1197, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Administration Services (Pty) Ltd, registration number 2004/006809/07.

**You and your** refers to the member and the dependants on the medical scheme which may include your spouse, children and other dependants as the case may be.

**Your personal information** refers to all personal information the Scheme has about you, or data subjects who are related to you or under your authority ("other data subjects") (as relevant). It includes:

- financial information;
- information about your health, race or ethnic origin, biometrics, criminal behaviour or religion;
- your gender;
- your age;
- unique identifiers such as your identity number or contact numbers; and
- addresses.

**Responsible Party** refers to a public or private body or any other person which, alone or in conjunction with others, determines the purpose and means of processing personal information. In this instance, the Scheme is the responsible party.

**Operator** refers to a person or body who processes personal information for a responsible party in terms of a contract or mandate, without coming under the direct authority of that party. In this instance it relates to the administrator.

**Data Subject** refers to the person(s) to whom the information relates.

**Process(ing) (of) information** means the lawful and reasonable automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant, for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

#### Accountability

1. When you engage with the Scheme and its Administrator, you entrust us with personal information about yourself and your family. We are committed to protecting your right to privacy. The Scheme and its Administrator will keep your personal information confidential.
2. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
3. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third party data sources. Thus, your personal information comprises information you may have given us yourself or we may have collected from other sources.
4. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that the Scheme and its Administrator require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
5. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).

6. You understand and/or acknowledge that when you include your spouse and/or dependants on your application, we will process their personal information for the activation of the dependant's registration on the Scheme membership/benefit and to pursue their legitimate interest. By submitting your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us. We will furthermore process their information for the purposes set out in this Privacy Statement.
7. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person.
8. You agree that the Scheme and its Administrator may process your personal information for the following purposes:
  - to verify the accuracy, correctness and completeness of any information provided to the Scheme and its Administrator in the course of processing an application for Scheme membership or providing services related to the Scheme membership;
  - for the administration of your Scheme membership profile and Scheme benefits;
  - for the provision of managed care services to you on your Scheme membership;
  - for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your Scheme membership;
  - to profile and analyse risk for Scheme-only reporting purposes;
  - to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment;
  - to investigate and/or remedy fraud, waste and abuse.

Examples of how this will happen include:

- 8.1. Sharing your personal information with your chosen financial adviser during the application process to help the Administrator, if necessary, while we process your membership application;
  - 8.2. Getting your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("relevant sources") and further processing of such information to consider your Scheme membership application, to conduct Scheme underwriting or risk assessments, or to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - 8.3. Getting information from and sharing with your employer information that is relevant to your application;
  - 8.4. Communicating with you about any changes in your membership, including your contributions or changes and enhancements to the benefits you are entitled to on your Scheme membership;
  - 8.5. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer claims incurred in the Common Monetary Area, or if you provide an email address which is hosted outside the borders of South Africa. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.
  - 8.6. The Scheme will share your personal information (including personal health information) with third parties for purposes of Scheme business in accordance with applicable law, the Scheme Rules and as further detailed in your Scheme application form. Should you wish for the Scheme to share your personal information (including personal health information) that forms part of the Scheme's records, with third parties for purposes of non-Scheme business, the Scheme will only permit the sharing of such information if you have provided the Scheme with a written, informed consent to this effect that complies with applicable law. Please note that the Scheme's Administrator is expressly prohibited from sharing your personal information as obtained from the Scheme's records with third parties for purposes of non-Scheme Business, which non-Scheme business includes separate applications/subscriptions to or benefits from rewards or loyalty programmes or similar, which have no contractual relationship with the Scheme, and the Administrator may only do so on receipt of explicit written consent in each instance of such sharing of information from **both** the Scheme and yourself.
9. You consent and agree that:
- we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
  - we may communicate such personal information to local Regulatory Bodies if any Legislative reportable matters are identified.

In general, The Scheme will only share your personal information if any one or more of the following apply:

- if you have consented to this;
- if it is necessary to conclude or perform under a contract;
- if the law requires it; or if it is necessary to protect or pursue the customer's, the Scheme's or a third party's legitimate interest.
- Where permitted, the Scheme may share your personal information with the following persons, which may include parties that the Scheme engages with as independent responsible parties, joint responsible parties or operators. These persons have an obligation to keep beneficiaries' personal information secure and confidential:
  - other group entities, any connected companies, subsidiary companies, associates, cessionaries, delegates, assignees, affiliates or successors in title and/or appointed third parties (such as its authorised agents, partners, contractors and suppliers) for any of the purposes identified in this notice;
  - the Scheme's employees and officers, as required by their employment/appointment conditions;
  - your spouse, dependants, partners, employer, joint applicant or account or card holders, authorised signatories or mandated persons, beneficiaries and other similar sources;
  - attorneys, tracing agents, debt collectors and other persons that assist with the enforcement of agreements;
  - payment processing services providers, merchants, banks and other persons that assist with the processing of customer payment instructions;
  - Insurers, brokers, other financial institutions or other organisations that assist the Scheme with insurance and assurance underwriting, the providing of insurance and assurance policies and products to the Scheme, the assessment of the Scheme's insurance and assurance claims, and other related purposes;
  - law enforcement and fraud prevention agencies, and other persons tasked with the prevention and prosecution of crime;
  - regulatory authorities, industry ombudsman, government departments, and local and international tax authorities and other persons the law requires the Scheme to share your personal information with;

- credit bureaux;
  - trustees, executors or curators appointed by a court of law;
  - payment or account verification service providers;
  - the Scheme's service providers, agents and subcontractors, such as couriers and other persons the Scheme uses to offer and provide solutions to Scheme beneficiaries;
  - persons to whom the Scheme has ceded its rights or delegated its obligations to under agreements, such as where a business is sold;
  - courts of law or tribunals that require the personal information to adjudicate referrals, actions or applications;
  - the general public, where beneficiaries submit content to group social media sites such as a business's Facebook page;
  - the Scheme's joint venture and business partners with which it has concluded business agreements
10. By signing the Scheme membership application form, you authorise the Scheme and its Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body, for the purpose of servicing your membership in line with the Scheme rules. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
  11. We may process your information using automated means (without human intervention in the decision-making process) to make a decision about you or your application for Scheme membership or Scheme benefits in line with the Scheme rules. You may query the decision made about you in this process.
  12. The Scheme and its Administrator have the right to communicate with you electronically about any changes on your membership, including your contributions or changes and improvements to the benefits you are entitled to on your membership.
  13. The Scheme has a duty to keep you updated about any Scheme offers and Scheme new products that are made available from time to time.

### Data Subject Rights

1. You may opt out of Electronic Marketing on [www.libcare.co.za](http://www.libcare.co.za). We will store your personal information to enable us to action this request and action it as soon as reasonably possible.
2. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information, please complete a 'PAIA Form to Request Access to Records' on [www.libcare.co.za](http://www.libcare.co.za) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
3. You agree that the Scheme and its Administrator may keep your personal information until, at the minimum, as is required by law and further if there is a legitimate business reason. You may request us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
4. Where the Scheme and its Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following legislation:
  - Medical Schemes Act, 1998
  - Consumer Protection Act, 2008
  - Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002
5. You agree that the Scheme and its Administrator may transfer your personal information outside South Africa:
  - if you give us an email address that is hosted outside South Africa, for the purpose of enabling us to correspond with you at that address; or
  - to administer certain services in terms of Scheme Rules, for example, cloud services.

When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.

6. If the Scheme or its Administrator becomes involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
7. The Scheme may change this Privacy Statement at any time. The current version is available on [www.libcare.co.za](http://www.libcare.co.za).

### Complaints / Dispute

8. If you believe that the Scheme or its Administrator has used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under the Protection of Personal Information Act (POPIA), but we encourage you to first make use of our 0800 12 CARE (2273) number in the first instance to access all Libcare services, as all your day-to-day queries and administration are dealt with there. If you wish to raise any matter/escalation with the Scheme, you may do so through the Principal Officer at [tracey.unser@liberty.co.za](mailto:tracey.unser@liberty.co.za). If, thereafter, you feel that the Scheme or its Administrator has not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) JD House | 27 Stiemens Street | Braamfontein | Johannesburg PO Box 31533 | Braamfontein | Johannesburg 2001 | [POPIAComplaints@infoeregulator.org.za](mailto:POPIAComplaints@infoeregulator.org.za) or [PAIAComplaints@infoeregulator.org.za](mailto:PAIAComplaints@infoeregulator.org.za).

Signature of Principal Member

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## 9. Important information applicable to Libcare Medical Scheme membership

### Definitions

**The Scheme** refers to Libcare Medical Scheme, registration number 1197, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Administration Services (Pty) Ltd, registration number 2004/006809/07, an authorised financial services provider, the administrator and managed care organisation for Libcare Medical Scheme.

### ***Scheme Rules for membership***

The rules of Libcare record your rights and responsibilities for your membership. They may change from time to time. You may ask us for a copy of these rules at any time.

When you sign the letter of confirmation of your personal details, or begin using your membership card to access benefits, you confirm that you have read and understood these terms and conditions and you agree that you and those on your membership will be bound by these and Scheme Rules. Please speak to the Administrator if there is anything you do not understand.

Where applicable you also acknowledge and confirm that you, or your employer, may communicate with us in regard to your membership of the Scheme.

### ***Acting for others***

You confirm you have the right to act for others. By signing this document, you confirm that:

- you have the right to administer the membership and to act for those on your membership in any matter relating to membership;
- you have received permission from your spouse/partner and any dependant/s over 18 to act for them.

### ***Giving and getting information***

#### ***You must give true, correct and complete information***

Information about you and those on your membership must be true, correct and complete. This includes the details you give in this document and in future dealings with us.

#### ***Your address for legal notices***

The Scheme or its Administrator will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

#### ***The Scheme and its Administrator may record telephone calls***

The Scheme and its Administrator may record telephone conversations with you and with those on your membership. The recordings and all information we get during the recordings will be processed and kept as required by law.

#### ***The Scheme and its Administrator may get information about you from other relevant sources***

The Scheme and its Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, industry regulatory bodies ("relevant sources") to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and its Administrator may get any information that is relevant to your membership from your employer.

#### ***Tell the Scheme or its Administrator immediately if your information changes***

You must tell the Scheme in writing if any of your information, changes. This includes information about your health and the health of those on your membership. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

#### ***When the Scheme may cancel your membership/s***

The Scheme may cancel any membership if you and those on your membership:

- do not give us information that later turns out to be relevant to this membership
- give us any information that is not true, correct and complete
- do not tell us about any relevant changes (including about your health and the health of those) on your membership.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of cancellation.

#### ***As a member of the Scheme***

##### ***The Scheme might not pay for certain expenses.***

The Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. We will advise if any waiting periods apply. Please speak to the Administrator with regard to any waiting periods applicable to your membership and those on your membership.

#### ***Resign from current medical schemes when accepted***

It is illegal to be a member of more than one medical scheme at the same time. You and those on your membership must terminate any other cover held.



***You must ensure contributions are paid on time***

As the Principal Member of the Scheme, you are responsible for ensuring that your contributions and the contributions of those on your membership are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time with prior notification.

***Repaying money owed to the Scheme***

The Scheme has the right at any time to collect from you any amount that you owe. We will notify you if there is any amount that you owe to the Scheme.

***You must repay any medical savings owing if you leave the Scheme***

As a member, you may have money available in advance to use for medical expenses during the year. This money is allocated to an account called the 'Medical Savings Facility'. If you leave the Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to the Scheme over the year.

By signing this document you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.